

1 Union Square ~ Milford, NH 03055
Phone (603) 672-1067 ~ Fax (603) 673-2273

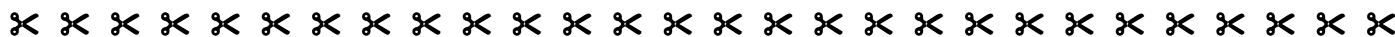


WHO: Boys ages 8-15
WHEN: Monday - Thursday, July 17-20
 9:00 am - 12:00 noon
WHERE: Middle School Field, West Street, Milford, NH
COST: \$70 Resident; \$80 Non-resident

Helmet, mouth guard, shoulder pads, arm pads, gloves, cleats, stick, personal water bottle, snack and sunscreen.

DEADLINE to register is **Friday, July 7th**. Complete and return the Registration Form, with the PARENT or GUARDIAN SIGNATURE. Payment must accompany registration. Checks are made payable to "*Milford Recreation Dept.*" Returned Check fee is \$25. No refunds after registration deadline.

- Features experienced staff. (Keith Jones and Darren Fleury)
- Every player will be given individual and group instruction with an emphasis on basic fundamental skills. Contact Limited.
- Learn the latest techniques of the game. Refine skills to improve your level of play. Strengthen team concepts and strategies.
- This program is ideal for the player determined to prepare for middle and high school level of play.
- **Camp will be held rain or shine, so be prepared.**



2006 - Milford Lacrosse Clinic

Name	Age	Date of Birth	Grade in Fall	School
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Address, Town, Zip Home phone

Parent Name _____ Parent Work Phone _____ Family E-mail _____

[illegible]

Who Will Drop Off & Pick Up Your Child (Name & Telephone): _____

T-Shirt Size (circle one): Youth Large Adult Small Adult Medium Adult Large Adult XLarge Adult XXLarge

Have you participated in any Lacrosse Program before? Explain: _____

Playing experience (years on a team) _____ Positions played: _____

I HEREBY GIVE MY PERMISSION for my son/daughter to participate in the Milford Parks & Recreation Dept. program. I am aware of the hazards of the activity/sport and the risk of injury in these athletic and active programs. I assume all risks and hazards incidental to such participation, including transportation to and from activities, and I do hereby waive, release indemnify, and agree to hold harmless the said Town of Milford, its volunteers, staff and all sponsors for all liability for any and all loss or damage, and any claim arising out of injury to my son/daughter or property damage that might occur, whether caused by negligence of the Town, agents or employees, or during participation.

IN CASE OF EMERGENCY. I hereby give my permission to the program staff and medical personnel selected by the Recreation Dept and staff, in my absence, to act as my agent to apply simple first aid when necessary, or in the event of a more serious accident, for my child to be transported to an emergency medical facility to receive emergency medical treatment. I also authorize the medical personnel to administer such treatment as is medically necessary and I authorize the hospital to undertake examination and emergency treatment, if warranted, on behalf of my child. **IN THE EVENT OF AN EMERGENCY, EVERY EFFORT WILL BE MADE TO CONTACT PARENT/GUARDIAN.**

Family Insurance Yes_____ No_____ Company Name & Policy_____

PLEASE LIST ALL MEDICAL CONCERNS or instructions the staff should know regarding your child's health on the back of this sheet (medications, allergies, behavior concerns, etc.)

Parent/Guardian's Signature

Date _____

Amount \$ _____
Cash ⇌ **Check** ⇌